

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-089107

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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24						
25						
26						
27						
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	10					
TOTAL DEP.	27					
TOTAL CLAIMS	37					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59	1					
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS